



Employer Based Wellness Program Discount Application for State Agencies and Political Subdivisions

I. Worksite Information

Agency/Political Subdivision Name & Number: Sample Big Agency 3000

Address: 400 E. Broadway Ave.; Suite #505 City: Bismarck Zip: 58502

Wellness Coordinator: Pam Binder Title: Employee Benefit Specialist

Telephone Number: (701) 328-3900 Email: pbinder@state.nd.us

Number of active employees who are enrolled in the State of North Dakota health insurance plan: 500

Estimated number of individuals participating in the Wellness Program (percentage of employees participating): 500

II. Affirmative answers to the following questions are mandatory to qualify for the discount.

- ☒ Wellness Concurrence form signed by top management?
- ☒ Wellness coordinator assigned to agency/group?
- ☒ Someone from the agency/group attend or view the NDPERS wellness forum?

III. 5 Points are required to qualify for the discount

- ☒ 1 Point – Communicate wellness materials provided by NDPERS/BCBS to individual employees on a monthly basis and promote the NDPERS smoking cessation program to employees.
- ☒ 2 Points – Complete a wellness activity (see examples provided or propose your own idea).
- ☒ 2 Points – Complete a different wellness activity (see examples provided or propose your own idea).
- ☐ 4 Points – Complete a comprehensive major wellness program.(Must have prior approval from NDPERS to qualify for full 4 points)

IV. Wellness Activity Description

Short-Term Wellness Activity 1:

Describe the wellness activity you plan on offering and methods for promotion & motivation:

Have all employees signup to receive via email the Healthy Choices newsletter from BCBSND on a monthly basis.

This newsletter would come to each member via email. The goal is to have 100 percent participation.

Yes

☒

No

☐

Does your program benefit the employees in your agency/group?

☒☐

Do you have an evaluation plan to measure the effectiveness of your program?

☒☐

Can employees continue participation after the initial program rollout?

☒☐

Will management be involved in the program?

Short-Term Wellness Activity Program 2:

Describe the wellness program you plan on offering and methods for promotion & motivation:

Have all agency employees complete the Health Risk Appraisal found on the My Health Connection website.

After the completion of the Health Risk Appraisal, send a needs and interests survey to all employees to determine

The wellness activity to offer. The evaluation process will be the verbal confirmation of participants the completed

The Health Risk Appraisal on the My Health Connection website.

Yes

☒

No

☐

Does your program benefit the employees in your agency/group?

☒☐

Do you have an evaluation plan to measure the effectiveness of your program?

☒☐

Can employees continue participation after the initial program rollout?

☒☐

Will management be involved in the program?

Comprehensive Wellness Program:

Describe the wellness program you plan on offering and methods for promotion & motivation:

N/A

Yes

☐

No

☐

Does your program benefit the employees in your agency/group?

☐☐

Do you have an evaluation plan to measure the effectiveness of your program?

☐☐

Can employees continue participation after the initial program rollout?

☐☐

Will management be involved in the program?